

## UNITED TATES DEPARTMENT OF COMMERCE Patent and Trademark Office Address: COMMISSIONER OF PATENTS AND TRADEMARK Washington, D.C. 20231

	APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTOR	ATTORNEY DOCKET NO.	
			[	EXA	EXAMINER	
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			[	ART UNIT	PAPER NUMBER	
		INTER	RVIEW SUMMARY	DATE MAILED:		
All par	rticipants (applicant, applicant's	s representative, PTO person	nnel):			
(1)	Exm. H. V.	1 H	(3)			
(2)	Mr. Gag	21	(4)		1 200 1 100 - 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1	
Date o	of Interview 2 - 3	2-01				
Type:	☐ Telephonic ☐ Televideo	Conference Personal (c	opy is given to applicant	applicant's represer	ntative).	
Exhibi	t shown or demonstration cond	ducted: Yes 140 If ye	es, brief description:			
Claim	ment	<b>k</b> ( )				
Descri	iption of the general nature of	what was agreed to if an agre	ement was reached, or any other of	comments: The	eart of	
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	be attached. Also, where no co		, if available, which the examiner a n would render the claims allowable			
	It is not necessary for applicar	nt to provide a separate recor	d of the substance of the interview.			
IS NO action	T WAIVED AND MUST INCLU	IDE THE SUBSTANCE OF TI	contrary. A FORMAL WRITTEN R HE INTERVIEW. (See MPEP Sect NTH FROM THIS INTERVIEW DAT	ion 713.04). If a rep	ly to the last Office	
Exami	ner Note: You must sign this fo	orm unless it is an attachment	t to another form.	11. F	att	
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FORM P	PTOL-413 (REV 2-98)				1/61	